

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G258		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2011	
NAME OF PROVIDER OR SUPPLIER  MOSAIC				STREET ADDRESS, CITY, STATE, ZIP CODE 1310 CROYDEN CT SOUTH BEND, IN46614			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 28, 29, 30 and December 2, 2011.</p> <p>Facility number: 000778 Provider number: 15G258 AIM number: 100243480</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP - Team Leader Tim Shebel, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/6/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>			W0249	In regards to evidence cited by		12/21/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2, and #3.)</p> <p>Findings include:</p> <p>Clients #1, #2, and #3 were observed during the group home observation period on 11/28/11 from 6:10 A.M. until 8:15 A.M.. From 6:15 A.M. until 7:23 A.M., client #1 sat at the dining room table manipulating an empty napkin holder and client #2 sat in the family room of the facility manipulating a balloon. From 6:55 A.M. until 7:23 A.M., client #3 sat in the family room without activity. During the noted time periods, direct care staff #1 and #2 would occasionally walk through and visually check on clients #1 and #3 but did not offer meaningful active treatment activities or implement client objectives. At the morning meal, from 7:23 A.M. until 7:40 A.M., client #1 was not observed to serve a food item (put food item into a serving bowl or serving plate and take to the table) or clean up after the meal. Client #2 was not observed to push the start button on the food processor to assist in pureeing her meal, serve a food item, or wipe her mouth after eating. Client #3 was not observed to serve a food item. From 7:40</p>				<p>the medical surveyor, retraining on the specific goals identified in the evidence pertaining to active treatment is scheduled to be conducted on December 21, 2011 for all facility staff. This training will be conducted by the facility QMRP. This training session specifically reviews the active treatment and support training for each client in the areas of meal preparation, food service, laundry, wellness, communication and leisure activities. The facility staff will be trained on the Individual Program Plan for each client living in the facility. Staff reviewed both the formal in informal objectives in each individual's IPP regarding meal preparation, food service, laundry, wellness, communication and leisure activities. Furthermore, staff will be retrained on using all formal and informal opportunities in order to implement a continuous active treatment program. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each client served must have an individual program plan. This plan includes needed interventions and services to support achievement of goals and objectives identified in the plan through ongoing active treatment. Each staff receives training on this plan annually and as changes and updates to the plan are made.</p>		

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	<p>A.M. until 8:15 A.M., client #1 walked around the facility and clients #2 and #3 sat in the family room. Direct care staff #1, #2, and #3 were not observed to provide the clients with meaningful active treatment activities or implement client objectives during the observation period.</p> <p>An evening observation was conducted at the group home on 11/28/11 from 3:50 P.M. until 5:50 P.M.. From 3:50 P.M. until 4:25 P.M., client #2 sat in the family room without activity or active treatment. From 3:50 P.M. until 5:30 P.M., client #1 walked around the facility. At the evening meal, from 5:30 P.M. until 5:50 P.M., client #1 was not observed to serve a food item (put food item into a serving bowl or serving plate and take to the table) or clean up after the meal. Client #2 was not observed to push the start button on the food processor to assist in pureeing her meal, serve a food item, or wipe her mouth after eating. Client #3 was not observed to serve a food item. Direct care staff #4, #5, #6 and #7 were not observed to provide the clients with meaningful active treatment activities or implement client objectives during the observation period.</p> <p>Client #1's records were reviewed on 11/29/11 at 8:34 A.M.. A review of the client's 11/15/10 Individual Program</p>				<p>The training includes strategies that will enable the clients achieve each goal and objective. To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, each assures that direct care staff provides continuous active treatment specifically that each client receives interventions and services in sufficient number and frequency to support the achievement of goals and objectives.</p>		

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	<p>Plans indicated the following objectives which could have been implemented during the 11/28/11 morning and evening observation periods: 1. Put clothes in dryer. 2. Serve one item at dinner. 3. Participate in exercise. 4. Sign "more." 5. Help with mealtime cleanup.</p> <p>Client #2's records were reviewed on 11/29/11 at 9:43 A.M.. A review of the client's 12/17/10 Individual Program Plans indicated the following objectives which could have been implemented during the 11/28/11 morning and evening observation periods: 1. Make choice between three leisure activities. 2. Present picture of where she would like to go in the community. 3. Push start button on the food processor. 4. Serve one item at dinner. 5. Wipe mouth after meals.</p> <p>Client #3's records were reviewed on 11/29/11 at 10:44 A.M.. A review of the client's 10/19/11 Individual Program Plans indicated the following objectives which could have been implemented during the 11/28/11 morning and evening observation periods: 1. Serve one food item at dinner.</p> <p>Associate Director #1 was interviewed on 11/29/11 at 11:08 A.M.. Associate Director #1 stated client objectives should be implemented "during times of</p>						

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W0268	<p>opportunity." Associate Director #1 also indicated clients #1, #2, and #3 should have been provided with meaningful active treatment activities during the 11/28/11 morning and evening observation periods.</p> <p>9-3-4(a)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #5), to promote their dignity by not ensuring they were groomed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/28/11 from 6:10 A.M. until 8:15 A.M.. During the entire observation client #3 was observed to have full facial hair. Client #1 had his hair unkempt and was unshaven and client #5 was observed with her bangs hanging in her eyes.</p> <p>An evening observation was conducted at</p>			W0268	<p>In response to evidence cited by the medical surveyor, the facility scheduled and completed haircuts for both client #1 and #5. Client #3's team reviewed options to deal with the excessive facial issue. Adding a daily schedule and exploring more permanent hair removal solutions to solve Client #3's facial hair are being pursued. Additionally, retraining on promoting dignity through assuring each person is properly groomed is scheduled to be conducted on December 21, 2011 for all facility staff. This training will be conducted by the facility QMRP and the facility Direct Support Manager. This training session specifically strategies in assuring each facility resident receives proper daily</p>		12/21/2011

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	<p>the group home on 11/28/11 from 3:50 P.M. until 5:50 P.M.. During the entire observation client #3 was observed to have full facial hair. Client #1 had his hair unkept and was unshaven and client #5 was observed with her bangs hanging in her eyes.</p> <p>An interview with Direct Care Staff (DCS) #1 was conducted on 11/28/11 at 4:50 P.M.. DCS #1 indicated client #3 should shave every morning because her facial hair grows fast. DCS #1 further indicated clients #1 and #5 went to get hair cuts two weeks ago.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 11/28/11 at 5:40 P.M.. The GHM indicated the clients had not been out for haircuts this month and should go monthly. The GHM further indicated client #3 should be shaved daily.</p> <p>An interview with the Associate Director (AD) was interviewed on 11/29/11 at 11:08 A.M.. The AD indicated client should be taken for haircuts at least monthly and clients should be shaven daily.</p> <p>9-3-5(a)</p>			<p>care. To assure this deficiency does not recur in the facility, Mosaic has Policies and Procedures stating that each facility staff must provide support and services that do not infringe on the dignity of a person living in the facility. Each staff receives training on this policy during new staff orientation and as needed. To further ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, each assures that direct care staff provides supports and services that do not infringe on the dignity of a person living in the facility.</p>			

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W0440	<p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to conduct evacuation drills on the overnight shift (10:00 P.M. to 8:00 A.M.) during the third quarter (July 1st through September 30th) of 2011 which affected 6 of 6 clients living in the facility (clients #1, #2, #3, #4, #5, and #6.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 11/28/11 at 10:11 A.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, and #6 on the overnight shift during the third quarter of 2011.</p> <p>Property manager #1 was interviewed on 11/28/11 at 10:25 A.M.. Property manager #1 stated the facility was "missing some (evacuation) drills."</p> <p>9-3-7(a)</p>		W0440	<p>In response to evidence cited by the medical surveyor, Mosaic implemented procedures to schedule safety drills at varying times and under varying conditions. The schedule was established by the agency Safety Committee Chairman both in the month of December and ongoing. Once the drill has been completed, the drill is submitted to the Safety Committee Chairman for review prior to the end of each month. If a drill is not submitted, corrective actions to agency employees are completed. In addition, facility staff will be retrained on safety drill procedures on December 21, 2011 to assure each understood their responsibility for protecting clients during a fire in the facility. Mosaic has implemented systematic changes to ensure the findings of this survey do not recur. Per policy and procedure, each safety drill completed is reviewed by the agency Safety Committee Chairman for accuracy, to assure varying conditions and times were submitted, ensuring all personnel are trained to perform each disaster plan and procedure, to assure the facility evacuates clients and provides supports as</p>		12/21/2011	

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W0484	<p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 11/28/11 from 3:50 P.M. until 5:50 P.M.. At 5:20 P.M., clients #1, #2, #3, #4, #5 and #6 were observed serving themselves dinner with staff assistance which consisted of meat in red sauce, mashed potatoes, carrots and two slices of bread. The table was observed to have no butter, salt and pepper available for use. Group home staff #4, #5, #6 and #7 failed to offer butter, salt and pepper to clients #1, #2, #3, #4, #5 and #6 for their food.</p>		W0484	<p>designed by the safety plan for the facility, and problems are thoroughly investigated. The findings of each drill are reviewed by the agency Safety the committee itself. To assure there will not be recurrence of this deficiency, Mosaic policy and procedure requires committee meeting records to be reviewed on a quarterly basis to assure all evaluations are current.</p> <p>Mosaic's Dietary procedure stipulates that each individual served should have the proper equipment, eating utensils, condiments, etc. that would meet both the developmental and dietary needs of each person served. On December 21, 2011, facility staff are scheduled to be retrained on this policy, specifically on assuring each client has condiments (salt, pepper, butter, etc.) available at every meal. Furthermore, staff were also trained to encourage each client to use the condiments as desired. To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, each assures that clients have the proper dishes, utensils, condiments and other equipment</p>		12/21/2011	



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W0488	<p>An interview with the Associate Director (AD) was conducted on 11/29/11 at 1:50 P.M.. The AD indicated condiments should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the facility failed to assure 5 of 6 clients residing in the home (clients #1, #2, #3, #4 and #6) were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 11/28/11 from 3:50 P.M. until 5:50 P.M.. From 3:50 P.M. until 5:20 P.M., client #1 walked around the group home with no activity, client #2 sat in the middle of the living room holding a yellow balloon with no interaction/activity, client #3 was sitting on a couch in the living area with no activity, client #4 sat in his wheelchair falling asleep with no interaction/activity,</p>		W0488	<p>available to meet their dietary needs. Furthermore, during their observation, each assures direct support staff encourage clients to use condiments, utensils, glasses, and other equipment as desired.</p> <p>Mosaic's Dietary Policy and Procedure states that each individual served should participate in the preparation and service during all meals. On December 21, 2011, All facility staff are scheduled to receive training on conducting meal time goals and objectives in accordance with each individual's Individual Program Plan. To ensure Mosaic prevents recurrence of this deficiency, the agency also conducts multiple visits each week to every facility by the house manager (Direct Support Manager) and the Program Coordinator (QMRP). During this visit, each assures the facility encourages and teaches each client meal preparation tasks.</p>		12/21/2011	

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	<p>and client #6 sat in the front room by herself with no interaction/activity. At 4:25 P.M. group home staff #3 opened cans of meat in sauce and emptied the cans into a pot on the stove. She then poured water and milk into a pan and began mixing mashed potato buds in the pot. She then opened cans of carrots and began heating them in the pot. Clients #1, #2, #3, #4, #5 and #6 were not observed to assist in meal preparation.</p> <p>An interview with the Area Director (AD) was conducted at the facility's administrative office on 11/29/11 at 1:50 P.M.. The AD indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation.</p> <p>9-3-8(a)</p>						